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### About our cover . . .

President Soekarno of the Republic of Indonesia and Mrs. Soekarno with their two oldest children. Twenty-third of a series of Journal covers on family life . . . photograph courtesy of the Republic of Indonesia.

*Harriett Scantland, Editor*

*Elizabeth McQuaid, Assistant Editor*

*Eleanor Shenehon, Editorial Consultant*

### THE JOURNAL OF SOCIAL HYGIENE

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*University of Nebraska and Johns Hopkins alumnus.  
Formerly medical officer, U. S. Marine Hospital  
on Ellis Island, and VD control officer for Michigan.  
Now chief of the VD division, USPHS.*

*James K. Shafer, M.D.*



## The Outlook for Venereal Disease Control

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*by J. K. Shafer, M.D.*

I should like to compliment you who attended the recent National Conference on Social Hygiene for once again bringing into sharp focus the countless problems of our environment which so materially affect human behavior. We are completely aware of the impact of these problems on venereal disease control in this country . . . particularly because our personnel and financial resources are so directed that our federal venereal disease division must concentrate largely on the medical, epidemiological and informational aspects of this control problem. We appreciate the work of your groups in education, in the home, in the church and in public health.

With full recognition of the impact of your cooperative efforts, I report with considerable pride the accomplishments of our venereal disease control program.

For the country as a whole I think that syphilis has in the recent past been brought under a considerable measure of control. The reservoir of undiscovered and untreated syphilis in the United States is declining. While we estimate it today to be slightly over two million persons, it is about one-third lower than it was 10 years ago. This is the result primarily of intensive case-finding and educational activities, which dry up the streams of new syphilis that feed the reservoir.

### *Why a decline?*

It is an outstanding accomplishment of recent years that venereal disease rates have declined consistently during a period of mobilization. This is phenomenal in medical history. Nonetheless it develops logically from the

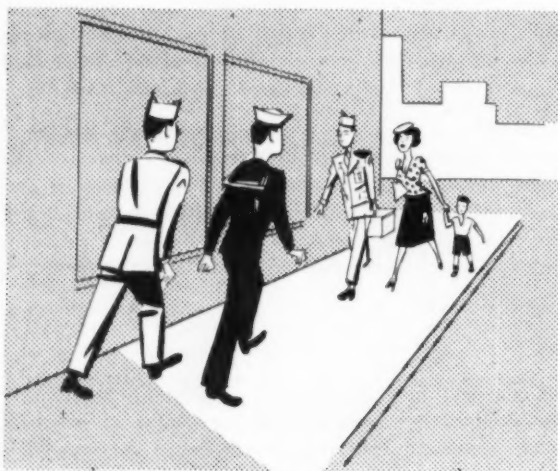
simple fact of preparedness. When the present mobilization period began, the armed services, the state and local health departments, the American Social Hygiene Association and the Public Health Service were prepared for it. . .

- We had case-finding and prevention techniques which had proved their effectiveness.
- We had reliable diagnosis and effective treatment.
- We had sound education for the civilian population as well as the military, plus good epidemiologic intelligence.
- Most important, our efforts were united in an efficient, working relationship backed with joint operational experience.

You will be interested to know that at present state health departments have assigned 150 public health workers to military establishments, defense-impacted areas and recreational areas frequented by military personnel and defense workers. These men are especially trained for interviewing and field investigation work, and they are charged with the responsibility of keeping their areas of assignment free from venereal disease.

You will also be interested to know that as a result of the activities of these men and of the parallel activities of the defense establishments and neighboring health departments, VD rates among the military in the continental limits of the United States are lower than ever before.

Since 1940 there has been a steady decrease of over 50% in deaths due to syphilis. Since 1933 infant mortality due to syphilis has been reduced by



*During  
mobilization  
VD rates  
have declined.*

92%. Even more impressive, the infant mortality rate due to syphilis has been declining much more rapidly than the infant death rate from all causes.

Although we run the calculated risk of being premature in our estimate of the treatment program, we nevertheless take a certain pride in the fact that during the present fiscal year the transition from inpatient to outpatient treatment will have been completed. To provide services comparable to those furnished by the rapid treatment centers, a network of prevention and control centers is being established throughout the country.

Obviously, it would be unsound to return diagnosis, treatment and epidemiology to all of the 3,000 local clinics which once existed throughout the country. However, it is sound to select a few existing clinics for consideration as VD prevention and control centers. Those selected should meet the following requirements:

- Be located in high prevalence areas and in communities which are transportation hubs.
- Provide trained personnel and facilities for successful interviewing.
- Be able to render full-time medical service, with consultative and technical services to private physicians who request them.
- Afford education and training opportunities. The best location for a center would be in or adjacent to a medical school or medical school hospital.

#### *Location of centers*

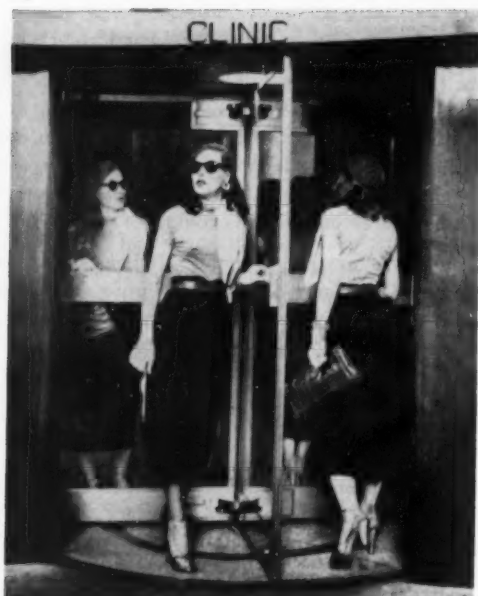
In a low-prevalence area a center may not be necessary. There, the health departments may wish to provide more service to private physicians in order to bring them more completely into the control program.

Utilizing the newer, shortened treatment schedules, these centers will serve areas within and immediately surrounding the larger cities on a regional basis. We estimate that to provide the services required approximately 70 centers will be needed. About 35 now are operating in those areas where the VD problem is most acute. The coming fiscal year should see the prevention and control center program well established and providing satisfactory services.

#### *Gonorrhea is still here*

We are pleased to report the preliminary results of an accelerated case-finding approach to gonorrhea. Many of us recall that in 1947 and 1948 the consensus was that gonorrhea was no longer a public health problem. Passage of time and accumulation of experience have dictated the necessity for a new look at this most perplexing problem.

The District of Columbia, New York City, Philadelphia and several other large urban areas are applying a new technique to gonorrhea control—"speed



*Ping-pong and  
revolving-door  
infections—  
how can we  
prevent them?*

zone epidemiology." Essentially it is a process of restricting the interview search for female contacts to the period of time (approximately six days) when the male patient is assuredly infectious. Only females contacted during that period are sought by the interviewer.

The investigation process begins by telegram or field investigation as soon as the interview is completed. Contacts respond to telegrams within 24 hours or are brought in by field investigation within 72 hours. All contacts are treated on epidemiologic evidence, with the patient and contact both receiving injections of 600,000 units of penicillin in oil with aluminum monostearate. Effective blood levels are established for at least 72 hours and prevent the possibility of ping-pong infection.

Thus far the results of this "transfusion" to gonorrhea control are encouraging. We hope to extend the procedure widely in order to achieve the offensive against this most control-resistant of the venereal diseases.

#### ***A new penicillin***

Again demonstrating the rapidity with which changes in VD control are introduced, I am happy to be able to report recent studies with a new penicillin, called bicillin, which indicate that single injections of 600,000 units will produce effective blood levels for 10 to 14 days, and 1.2 million units will remain effective for 23 days. Thus even this new gonorrhea control technique may assume a change of pattern.

Injections with the new penicillin will also protect the patient against reinfection over a substantial period of time . . . and now a single injection treatment for syphilis seems completely available, reducing the need for repeated visits to outpatient centers.

### *The danger of complacency*

Inevitably, we must face the fact that we too have problems facing us. Among our major concerns in venereal disease control is the sense of false security which our successful efforts thus far seem to have inspired among both health officials and the public.

Recent events along the northwest coast of Europe remind us that there is a wide difference between restraining a threat to life and controlling it. For hundreds of years the Dutch people have waged continuous war against the North Sea and have had admirable success in restraining it from inundating vast areas of Holland . . . yet unforeseen and unique circumstances of wind and tide destroyed in a matter of hours the work of centuries.

In venereal disease control we have worked hard to erect a workable system of dikes behind which we have been able to restrain and slowly reduce a vast reservoir of infection. But like the deep ocean currents venereal disease in the human body and in society is often hidden and frequently undetected. Our experience with the new controls has been brief. What new pressures may be brought to bear against our present dikes are unknown.

### *The undiscovered*

One thing is certain. We still have an alarming volume of undiscovered syphilis and gonorrhea in the population. Both are diseases which have been

*How does  
the private  
physician  
fit in?*





*An injection  
of penicillin, or  
years of costly care  
in an institution?*

with mankind for thousands of years. At present we have no immunizing agents for syphilis or gonorrhea . . . nor do we see evidences of any new social or moral trends which will eliminate opportunities for spread of these diseases.

In fact, if the rate of illegitimate live births is any indication of sexual promiscuity, there has been a steady and alarming increase of 73% from 1938 to 1947, with unofficial figures for 1948 and 1949 maintaining this trend. Considering the high marriage rates during the war and postwar period—which resulted in decreases in the total unmarried female population—this increase in illegitimate births is all the more cause for concern.

#### *With each new generation*

Although bacteriological immunization for venereal disease has not been achieved, we look to you for a social immunization stemming from your splendid activities in public education. One of the frustrations for those of us who are engaged in public information and education is our inability to determine the true results of our work except in the most general of terms. How many people did not become infected with venereal disease in the past year because of public education we shall never know.

We do know, however, that education is an eternal process. A new generation is always pressing forward . . . and for them the old truths must be reiterated with at least the same force and certainly with improved techniques.

#### *From abroad*

One must remember too that the increase in international mobilization and the ease of international travel increase the likelihood of importing syphilis from countries where early syphilis is not under control. This importation of syphilis is a distinct threat which, if not carefully watched, could readily



undo our control efforts and result in new epidemics across our country. However, VD control activities are now taking on significant shape in other countries, and these parallel efforts will undoubtedly work to our advantage in future years.

#### ***A late syphilis decline***

A recent review of the costs of late syphilis indicates that our program is extremely profitable in terms of eliminating vast public expenditures for the maintenance and care of those disabled by syphilis.

For example, if the rate of first admissions to mental institutions because of syphilitic psychoses were still at the 1941 rate of 6.6 per 100,000 people, there would have been admitted to state mental hospitals during 1950, 9,914 patients with psychoses due to syphilis instead of only 3,751. We may assume that venereal disease control from 1941 to 1950 prevented 6,163 persons from becoming neurosyphilis casualties in 1950. Since the average patient's stay in a mental institution is about 10 years and the current maintenance cost is \$790 per year, these 6,163 persons who were saved would have cost the American public more than \$49,000,000 in institutional care.

#### ***Dollar savings***

Cumulative admissions to mental hospitals for psychoses due to syphilis over the same 10-year period would have been 27,000 persons. Applying a somewhat lower rate to this group—about \$761 per person per year—our cumulative savings to the taxpayer for institutional care of the syphilitic insane alone would amount to some \$200,000,000.

There are of course other savings—both in dollar and human values—which we are unable to estimate. We are safe, however, in feeling that these savings represent only a fraction of the total dollar benefits of venereal disease control over the last 10 years.

#### ***Economy a must***

These figures point up another very grave concern regarding our future activities. More than ever before we are confronted with the necessity for rigid economies in government. There will undoubtedly be less money available in fiscal 1954 for grants to states for venereal disease control. At this point we do not know how much less, but we may be sure that the reduction will be substantial. In order that this reduction amount to a true economy and not a radical curtailment of essential activities, it will be necessary for all of us in public health to exercise the utmost care and ingenuity in utilizing our diminishing resources for venereal disease control.

As economy dictates the need for innumerable decisions in the coming months, we will find no formula which will render all decisions right. I would hope, however, that economy considerations would not result in across-the-board reductions in resources. Priorities must and will be given to those

most productive control activities which contribute to finding and bringing venereal disease to diagnosis and treatment.

### *The goal*

In the months to come we shall be fortified in our efforts by the accomplishments of the past years and by the assurance that our joint efforts will become continuously more efficient and effective. Our challenge, it seems to me, is to match any decrease in resources with an increase in our determination that this public health battle shall not be abandoned before we have achieved complete control of the venereal diseases.

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## I Choose to Believe . . .

I choose to believe that the time is coming when every American child will have a real opportunity for a good education, good health and for a promising economic future.

I choose to believe that the time is coming when every American family will have the opportunity for the fuller and richer life that should be the heritage of every American.

I choose to believe that the time is coming when every American will feel that he is a shareholder in our democracy and that he has a real stake, therefore, in developing and preserving it.

I choose to believe that the time is coming when the people of America, by pulling together, will be closer to the brotherhood of man than they have been in their entire history.

We must have a basic faith in the soundness of the judgment of people.

We must have a basic faith not only that our democracy can work but that it is the best system that has been devised by free men for free men.

We must acquire the courage to renew our faith in democracy and to meet our obligation of service to it.

More and more we must translate our democratic faith into democratic action.

It is my deep conviction that the hope of democracy lies in the local community, and that as our local communities are strong, so will our America be strong. It is in the local community that our problems must be attacked and solved rather than at some distant headquarters in the state or in the nation.

It is of the utmost importance that the people of any community understand the total problems and opportunities of their community. If all groups in every community can get together to discuss, work, and plan to solve their local problems our democracy would become so strong that it will not only be able to meet every challenge, but it will actually grow stronger with each challenge.

—R. B. ATWOOD, President  
Kentucky State College

# Family life education—whose job?

by Laura W. Drummond

For more than a generation family life education has appeared in one way or another in our public schools. With the acceleration of social change, the complexities and dislocations associated with two wars and a major economic depression, many educators and community groups have become concerned with developing a positive program to buttress the family as an institution . . . and to help its members develop healthy personalities, sound values and effective ways of working together.

The family is the most powerful educational agency in developing the attitudes and relationships basic to democratic living. One's mental health and physical vigor are largely dependent on one's early experiences in one's family. The purpose of family life education is to work with families and communities in developing the emotional climate, environment for growth and learning experiences which will strengthen the positive values in family life important in our times.

## More than sex

What is family life education? An examination of the literature reveals much confusion of terms.

Some believe that family life education is a new name for sex education and believe therefore that it places major emphasis on physiology, human reproduction and genetics. With this narrow orientation some have considered family life education a touchy subject, emotionally charged and associated with taboos. Certainly an understanding of the facts of life and love, one's sex role and the emotional aspects of sex is an essential part of family life education, but it is not the central emphasis. Family life education is more than a synonym for sex education.

## History and culture

Still others see family life education as primarily an historical and comparative cultural study of the family as an institution. This concept emphasizes population trends, folkways in different cultures and subcultures, and the three D's—divorce, desertion and delinquency—rather than the companionship aspects of family living. Surely background facts from anthropology and sociology make important contributions to family life education, but they do not provide the central focus.

Sometimes family life education and home economics seem to be used as interchangeable terms. In fact, the items listed in the *Education Index* for

1929-1932 identify family life education with factual knowledge, skills and abilities associated with homemaking and parenthood. More than 65% of the articles listed in this volume appeared in periodicals sponsored by and for home economists.

Home economics did much of the pioneer work in family life education. Today family living is still the focus of home economics. Home economists play an important role in family life education by providing young people and adults with learning experiences close to the realities of home life and significant in personal daily living. These experiences are designed . . .

- To help boys and girls and men and women to understand themselves.
- To help them develop satisfying relationships with their peers and relatives.
- To help them recognize their personality needs.
- To help them to share in homemaking and child-rearing.
- To help them strengthen family living in their homes and communities.

Home economists see their role as leaders and partners in family life education . . . not as a vested interest claiming the exclusive responsibility for this important aspect of education.

If family life education is broader than sex education, more concerned with companionship than with the institutional aspects of the family, more inclusive than home economics, then how can it be described?

Family life education deals primarily with interpersonal relations and is concerned with emotional maturity as well as physical well-being, with personality development, with the forming and changing of attitudes and with ways of living together within the family and in family-community life.

#### **Much is involuntary**

Education for family living is inevitably a part of the whole learning experience of an individual. It begins at birth in relations within the family and continues, without benefit of paid instruction, on the playground, in the school bus, at the juke joint, on the job and in Golden Age Clubs. Many concepts of our role, our values, our ways of feeling about ourselves and others are "caught, not taught." Our response may be positive or negative, in conflict with and even destructive to family life.

Education in interpersonal relations is too important to society to leave to chance. A positive program of family life education is an inescapable obligation of our schools.

Schools and colleges have been slow to assume responsibility for family life education. In 1944 the Metropolitan School Study Council called this a pioneer field in the school program. Five thousand educational workers in

*Is sex education  
the whole story?*



60 school districts found fewer examples of good school practices leading to the improvement of family living than in any other of the 12 areas of school learnings.

Nevertheless, in 1940 the United States Office of Education found that 65% of all girls graduating from senior high school had taken some work in homemaking. Although boys too are members of the family and as parents will share the responsibility for homemaking, probably not more than 2% of the boys in secondary schools are enrolled in homemaking education today. Elementary schools tend to have incidental rather than planned programs in this area, and only a few employ consultants to work with teachers, parents and children in improving family living.

#### **What about adults?**

It is heartening to know that over half a million adults in 4,000 schools and close to a million adults in groups served by the Cooperative Extension Service are working together on problems of home life . . . but one wonders about millions of other men and women who turn to neighbors, druggists and bartenders for help with baffling problems of family living.

Whose job is family life education? Does it belong in any one department or discipline? Is it appropriate for only one sex? Is family life education important at only one particular period in life? Is it an imperative for only the 60% for whom life adjustment programs are planned? If the response to these questions were a sharp, definitive "yes," the answer to "whose job?" would be easy.

Family life education which releases each individual to grow in self-understanding, to clarify his own values and those of his family, to gain deeper insight into his attitudes, to make decisions and work cooperatively in the



*The school bus—  
it plays its part  
in education  
for family life.*

family is an important and complex job. It requires the best leadership available in school and community.

#### **Toddlers, too**

Teachers in nursery schools and kindergartens have an unusual opportunity to work with children and parents in family life education. This does not mean merely providing a doll corner or playhouse or reading stories about children in Japan. It means helping boys and girls to see how their behavior affects others, to understand and enjoy the coming of the new baby, to accept responsibility for their routine tasks, and to share in homemaking activities according to their interest and ability.

#### **Specifics**

In the elementary school the classroom teacher is constantly educating in family life, whether she realizes it or not.

When she listens to what happened at home last night and helps Sally feel accepted and accepting toward her family, family life education is in process. Learning to handle fractions by measuring mother's travel in the kitchen as she prepares dinner after a day at the office is an exercise in understanding mother and fatigue as well as arithmetic. Writing a letter to daddy in Korea may be a way of releasing feelings of resentment at being different from the others who have fathers at home. School projects which encourage learning to help with family marketing, to check the laundry and to get along with brothers and sisters may all be a part of positive family life education.

A number of teacher-education programs now require that all prospective teachers take at least one course in home and family living so that they will feel more adequate and resourceful in helping children to learn from experiences significant in their home living. Some school systems are employing home

*Ph.D., Columbia University. Author of Youth and Instruction in Marriage and Family Living. Former director of home economics at Temple University and Pennsylvania State College. Now professor of home economics, Teachers College, Columbia University.*

*Laura W. Drummond*

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economists to help teachers plan with children and parents experiences rich in learning and satisfaction for the whole family.

To help boys and girls deal effectively with their own concerns in home and family living—at the time when they emerge, and in a way meaningful to them—is the function of the classroom teacher, regardless of the child's grade or the teacher's specialization.

#### **Early enough**

In many secondary schools family life education is recognized as a vital part of the core program which is scheduled before most students leave school.

Today some boys and girls are dating in their early teens, going steady in high school, marrying and having children before achieving emotional maturity and economic independence. Eleventh and 12th-grade courses in family living may come too late to serve some of the boys and girls who want them most.

Important in general education in both secondary schools and colleges are functional programs of family life education built on the concerns of young people and led by emotionally mature men and women who know the real problems of families today and who understand themselves, their own biases and blind spots well enough to be free to help young people work constructively and creatively on family life problems as they see them.

But the core program does not alone fulfill the needs of young people for family life education. Specialists as well as generalists make unique contributions.

For instance, through the study of communication young people can be helped to see the importance of words and their meanings in strengthening or weakening marriage. They can be helped to understand that expressions of love and hate are a normal part of human relationships in the family.





*Eagerly  
she awaited  
his coming.  
Eagerly  
she cares for  
him now.*

Play-acting may help release tensions and develop insights into why we behave as we do. Contemporary novels and classical literature reveal to children how other families live.

In social studies boys and girls can become aware of the effect of mobility on family life, and the relation of housing to aggression, aesthetic satisfactions and the need for privacy. The study of parent-child relationships in other cultures and our own, dating and rating, and changing mores helps boys and girls gain perspective for their practices and problems.

Of immediate practical value to those ready for wage-earning is the study of social security, taxes, health and life insurance as they affect the individual and the family. The impact of the lengthening life span, living with three generations, planning for aging parents, and considering annuity provisions in different types of jobs are all aspects of social studies which deal directly with interpersonal relations.

### **Integration**

Mathematics classes can help young people understand credit, home loans and installment buying, not merely in terms of interest rates but in terms of mental health and their effect on relationships. Appreciation of art in daily living, developing skills for creative experience in the home, becoming sensitive to the emotional impact of color and design in surroundings, dress and social life are a few of the many contributions of art education to family living.



The relation of effectiveness on the job to one's experiences in the family, anxieties, a good or poor breakfast, and emotional satisfaction or frustration at home are part of learning in business education. Boys and girls need to examine job opportunities in terms of what they mean for the kind and quality of family living they want.

The study of other languages can be a real source of understanding different ways of living, and can contribute to understanding and getting along with neighbors of different ethnic and racial strains. Health education, economics, the sciences, the school cafeteria and guidance service, and all the other aspects of the school program can play a significant part in the school-community program for family living.

### Home economics

Of course, home economics as a specialization is closely identified with the school's program of family life education.

Not only do home economists serve as family life consultants in elementary schools and as members of the faculty team in core programs, but also as teachers of homemaking classes for high school boys and girls, out-of-school youth and adults. Their education in psychology, sociology, economics, biological and physical sciences and the humanities, coupled with professional courses in child development, family relations, home management, housing, nutrition, foods, clothing and textiles provides for an unique synthesis of disciplines focused on family living.

Through family-centered teaching, home economists help boys and girls appreciate the complexities of human relationships and operating a home. These young people develop ability to manage resources of time, money, energy and materials in actual life situations and in terms of family values. They

*Shall we teach home  
economics to boys?*





*Companionship—the warp and woof of family life.*

find satisfaction in mastering skills which serve the needs of the family, sustain feelings of personal worth, and lead to new creative experiences at home.

Most important of all, in informal group work in home economics boys and girls learn to work together on problems of home and family living important both to them and society.

#### **Whose job?**

Whose job is education for family living? Everybody's . . . school administrators, teachers, pupils, parents, custodians. Each has a place on the team working toward the goal of better family living in our town, in America and in the world.

• • •

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## After 10 years

### Helping Prostitutes Help Themselves

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by Mazie F. Rappaport

In our 10 years of working with promiscuous girls and prostitutes in the protective services division of the Baltimore Department of Public Welfare, we have not been able to find or define "the prostitute personality." Prostitutes do, however, have a common denominator—their inability to develop with another human being a relationship with meaning and continuity. The promiscuous girl has many men but not one on whom she can really count.

It is not and it cannot be a matter of indifference to an American community that within its boundaries there are widespread promiscuity and, inevitably, venereal disease. Promiscuity is not an acceptable way of life whether the community be a city, state or nation—rural or urban. Attitudes towards sex, marriage, divorce and the role of the family shift, change and grow . . . thoughts and feelings are reorganized and reoriented, fear of change is balanced by recognition of need for change, laws are amended, social mores modified. What stands sturdily resisting obliteration, however, is the importance of the family, the base on which the community is built and builds its future.

#### *You and I*

The relation of people to each other as expressed in the family, then, is the milieu in which we live, in which we express our wants and needs, our hopes, our disappointments and our satisfactions. It is in relation to others that each of us finds his purpose, his definition. It is in our relationships that we create our democratic society—a society which requires not that we be like our fellow man, nor that we agree with him, but rather that we respect him for what *he is* and for his own unique place and role in society.

To carry this role—which we must carry as we give and take—we must have known a relationship which helped us find *our* own worth and dignity, *our* own importance as a human being. Most of us are able to do this because of the care and affection we had very early in our lives. If our parents failed to help us develop the ability to relate to another person, or if some catastrophe warps our ability to relate to other people and for the time being we cannot trust and "be" with other human beings, we are then unable to give and take in home, school or community in a socially useful and satisfying manner.

It is this—just this—which leads a person into anti-social behavior. Sometimes he expresses his frustration in mental or physical illness; more often—because he is unhappy and unable to get along in his family and community—in delinquent or criminal behavior. As he shifts from being responsible for his own conduct to railing against laws and limits, blaming others for his unhappiness, he begins to live *against* rather than *with* his fellowman. He begins to destroy rather than create.

#### *Girls outside the law*

When women get into this kind of anti-social activity they almost always become involved in sex delinquency. During periods of stress, particularly during wars, when the promiscuity rate rises and the number of arrests for prostitution increases, a community begins to act.

The Baltimore Venereal Disease Council, a civilian mobilization committee interested in the reduction of venereal disease in this community, was formed late in 1942 to integrate community forces in a comprehensive program of venereal disease control. Aware of the inevitable relation between VD rates and promiscuity and prostitution, this council accepted responsibility for three kinds of activity:

- Vigorous repression of prostitution.
- Improvement in VD case-finding, treatment facilities and methods.
- Development of a case work service for prostitutes and promiscuous girls who wanted help in trying another way of living.

#### *A permanent protective service*

In response to the council's recommendation for the establishment of a rehabilitation service, a protective services division was set up in June, 1943, in the Department of Public Welfare.

While World War II gave the impetus for organizing this service for prostitutes and promiscuous girls, it was not a temporary service nor war project. For this reason it was set up in a going public agency. It took its form and location in welfare rather than in health so that applications and referrals would not be limited to the venereally infected or suspected, but would include all who wanted to come whether or not they had syphilis or gonorrhea. Consistently it has always been offered to those who come voluntarily from health, social and law enforcement agencies and to those on probation following trial and sentence.

Since 1943 we have worked with thousands of girls referred from many and all kinds of agencies. We keep in close touch with the Health Department's venereal disease clinics, with the courts, the policewomen, the women's penal institutions . . . and are known as Baltimore's resource for working with promiscuous girls and prostitutes.



*Some want a normal,  
wholesome kind of  
living . . . others  
aren't interested.*

We interpret "those who might want to come" not as the promiscuous girls who seek us out—because delinquents rarely seek help from a social agency—but rather as those girls who respond ever so slightly to our offer of help. We try to reach them wherever they are, and we tell them how the service works, what it gives, what it will expect and require of them. We say that we know how to help promiscuous girls change their way of living, that we have helped many girls and women.

There have also been many who have not wanted or used our help. Some of them could not, some would not do what we required. To these we had to say that we would not work with them because they were not seriously trying to do anything about their problem.

#### ***Prostitution and promiscuity***

The terms *promiscuity* and *prostitution* are often used synonymously in speaking of the woman sex delinquent. Actually, *prostitution* is a legal term. In Maryland it is a violation of the law, described as "the giving of the body for hire." Involved in prostitution there is always promiscuity. Whether it be prostitution or promiscuity (with no legal adjudication) the same serious and dangerous self-destruction takes place for the girl.

The girl who is sexually promiscuous does not permit herself to have any meaningful relationships, and finally she cannot have them. Her use of aliases, leaving her clothing hither and yon, frequent moving from one address to another . . . all these may suggest her need to evade police officers and family. But more likely they reflect her lack of self-respect, her inability to put down any roots or even to let her personal possessions have any real meaning. This is what is damaging to the girl and to society . . . for a human being to become so trapped in what she is doing, and so lacking in identity that she cannot or does not care what she is doing.

Beneath the hard shell, the casualness or the sharp and ready humor of the promiscuous girl there is likely to be an unhappy, bitter person no longer

in control of her own life. Many of these girls give a history of broken families. They could not bring their troubles into their homes. They could not get from home, school, church and community the resources to help them live creatively and usefully. Their sense of values is warped. They trust no one, not even themselves. They cannot bear themselves as they are. They cannot stop this self-destruction, this psychological suicide, until something or someone on the outside puts a halt to their activities.

### *Through the years*

Through these 10 years the type of girl we see has changed. There are fewer non-residents now, fewer girls who have left small towns to come to a large city to work or to follow servicemen to neighboring camps. Those we see now are more likely to be residents, Baltimore girls. Some have been in state training schools. Some are adolescents defying parental authority, resisting in the usual way for girls . . . in sex delinquency.

Though the type of girl has changed, our way of working has remained substantially the same. Whether she is the out-of-town girl who during the war came in on a truck or the girl who has always lived here, she responds to the same treatment. She wants the "stuff of living":

- An address for which she can have respect;
- A job which uses her capacity and in which there is supervision, regular hours, a known salary and opportunity for advancement;
- A medical examination and, if necessary, treatment in an established clinic, and
- Consistent and dynamic help from a social worker who knows how to hold her firmly.

These are the things that make it possible to help these girls and women get a sense of their own dignity and worth.

Ten years of consistent working with promiscuous girls have given us a substantial experience. We have worked during outright war and through a disturbed peace. We have made several changes in the protective services division during these years to reach promiscuous girls at an early stage in their delinquency . . . to strengthen parent-child relationships . . . and to help adolescents returning to the community from the four state training schools take more responsibility for their behavior.

### *Getting at the roots*

During the war our emphasis had to be on the many girls and women who were getting into trouble in Baltimore, which had a high venereal disease rate and many defense plants and army camps. But even in those days we had set our sights high . . . we knew we had to develop this service on a wide base, emphasizing more and more the preventive aspects.

*Schools  
could not  
give her  
what she  
needed.*



In 1946, when we lowered the age limit of applicants from 16 to 12, we began to work with *young* sex delinquents, adolescent girls going to the VD clinic for treatment and those brought in as contacts. We made it a matter of policy that we would work with children under 16 only if we could also work with their parents or responsible relatives.

And then in 1948 we merged the Department of Public Welfare's two protective services—that for girls and that for children. This administrative change came out of our conviction that neglect and delinquency are close allies, each feeding on the other. It has been our feeling that if we can work with the parents of young neglected children we may be able to break into this vicious circle. What has come out clearly since the services merged is that most prostitutes and promiscuous girls neglect their children if they have children . . . and more important, girls and women are promiscuous because they themselves were neglected children. When they are sent to us now they are the end result of past neglect and the beginning of another generation's neglect and prostitution.

#### ***Training-school children***

Early in 1949 we opened our protective services division to boys and girls from the four state training schools who were trying to live once again with their families. While the boys and girls are still in the training schools, we begin to work with their families, who have been informed of the possibility of their return home soon. We know that the returning children will need help and that their families will need it too, if they are to live happily in the community. We see these children not only as adolescents who have been in trouble but as future parents, and we want to help them develop their independent strengths for their approaching responsibilities.

Recently I reread a paper I wrote in 1945, "Towards a New Way of Life," which appeared in the JOURNAL OF SOCIAL HYGIENE in December of 1945.



My conviction now, years after writing it, remains the same as it was then . . . a new way of life *is* possible for many promiscuous girls and prostitutes.

These have been fruitful years, not only for the girls and women who have used our help but also for us who have worked with them. From these girls we have renewed our faith in the resilience of human beings. We have tested many ways of helping them and have learned from experience that what works best is directness, firmness and infinite patience in holding a girl to the choice that is truly hers—to learn to live more usefully and happily by taking responsibility for her behavior, or to risk getting into further trouble.

### *It's not easy*

When Jenny Green rails against moving out of her former apartment or when Betty Jones hates gluing soles on shoes in a factory, when Mitzie Allen finds it impossible to get to a clinic at a specified time or comes in an hour late for her appointment . . . we know that these girls are beginning to sense how really rugged it can be for them to work with us during a year of probation. Whenever we require a girl to move we help her find another place. Whenever we rule out a job as being hazardous for the girl who has been in trouble—the job as waitress, barmaid, night club operator and other jobs with irregular hours, liquor, tips—whenever we say no to such a job, we must help her to find a less hazardous one.

We know that a trip to the clinic can be frightening in that it may confirm the result of behavior she has not allowed herself to face. And breaking her appointment with her worker or keeping this worker waiting for an hour tells us how little such a girl trusts another person to help her and how fearful she is of another's control and authority. Throughout our year with her she needs to ask herself over and over again, "What's in this for me?"



*Some jobs are ruled out.*



*Graduate of the University of Chicago and Pennsylvania School of Social Work. Administrator in medical social work and delinquency. Supervisor of protective services in the Baltimore Department of Public Welfare.*

*Mazie F. Rappaport*

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She must also begin to feel and know that our belief in her, our willingness to stick by her through thick and thin, our unwillingness to let her misuse our help . . . all this is geared to helping her make an important and responsible choice for herself.

*It's up to her*

For these girls and women, so deprived in their relationships, change comes slowly and unevenly. Change towards accepting responsibility for one's own behavior can come about only when one learns to trust another person. When we accept a girl for our service, we have decided that she has the capacity to use this help. We expect a great deal of her. Our expectation of her puts a value on her, a value often unknown to her, as yet unaffirmed by her. In this *she* has everything to gain and *we* can certainly risk this much.

Everything we do in our protective services must help girls develop a capacity for living with other people in an orderly, useful and happy way. To do this, they must be able to live with themselves. The socially maladjusted, unhappy girls and women who come to us saying "Just tell me what to do and I'll do it" have a long hard road ahead. Conforming to a set of rules is simple, but it does not bring about the deep fundamental change in behavior which the girls themselves must produce with our help.

*From casting stones*

The world has moved faster and further in changing its attitude toward women offenders and children than it has toward other offenders. In shifting from punishing to rehabilitating the prostitute, the community has placed new responsibility and new trust in social case work.

As I think back over our 10 years with prostitutes, I feel certain that many prostitutes and promiscuous girls can change their way of living and that social case work can help these girls to be useful, happy people, able to take their place in family and community as human beings who can live with and in rather than against the social code. This paper is dedicated to the girls and women who have been able to change their way of living. To them we pay awed respect for what they have been able to do. It has not been easy.

## Mental Health

(continued from April)

*Second of a series of chapters from  
Preinduction Health and Human Relations,  
new curriculum resource for youth leaders  
by Roy E. Dickerson and Esther E. Sweeney.*

### *Emotional Conflicts*

Every human being experiences emotional conflicts. When the conditions of living make it impossible for people to satisfy certain of their drives, conflict results.

Implicit in both the drive for love and the drive to fight is the drive to be recognized as a person . . . the so-called ego drive. Impulses, urges and desires grow out of these drives. For example, people want to achieve success, make friends and gain social approval, help others, solve problems, respect themselves, find protection when afraid, rest when tired and so on.

From early childhood everyone encounters conditions that seem to thwart his desires. One soon learns that the more he can socialize his drives, the more comfortably he can live. For example, since hunger and thirst must be satisfied if a person is to survive, his drive to preserve himself makes him seek food and water; but social living prevents him from simply snatching food and wolfing it down. Everybody needs sleep; but only the little baby drops off to sleep just any time.

The fact that drives can be gradually brought into line with social requirements, environmental conditions and the moral code does not mean that they disappear. They are merely sublimated or redirected. Nor could we live without these drives. They are the motive power of human existence. But conflict occurs:

- When any two of an individual's drives or emotions clash.
- When any drive or emotion clashes with morality or the conventions of society.
- When any drive or emotion is opposed by the physical conditions around the individual.

For example, there is illness in a family. Mary's help is needed to free her mother to nurse the sick. Mary wants to help. At the same time, her dramatic club is planning a play and she needs time for rehearsals. Mary's love for her mother and family and her drive towards achievement are in conflict. This is conflict between two drives.

John is ambitious, eager for good grades. But he has been sick for several weeks and missed school. His chances for high marks are poor . . . he may not even be able to pass. Under the school's honor system he could cheat and probably get away with it. John's conflict lies between his drive for success and the demands of the moral code.

On a skiing expedition in the mountains Henry gets separated from his party. He tries to find them or get back on the trail. Still lost at the end of the day, he is spent with fatigue and hunger. He wants desperately to lie down and sleep for a while, though he knows the danger of freezing to death. His conflict lies between his drive to preserve himself, by resting, and the physical conditions around him.

Learning to deal with conflicts is the major task of growing up. Finding solutions satisfying to oneself and society is everyone's lifetime job.

Reflection is vital to the resolution of conflicts and the problems they create. A welter of emotion merely hampers thoughtful problem-solving. As long as one is merely *feeling*, he remains the victim of his emotions. When he begins to reflect and sort things out, starting with an attempt to face and state for himself just what his conflict is, he is nearing resolution.

Mary (above) has to sort out the issues in her problem and her desires about them. She wants to help at home and she wants just as strongly to be in the school play. Before arriving at a decision, she must look at the alternatives and at the possible compromises. Can she appear at fewer rehearsals and still be in the play? Can she get up an hour earlier and by carefully budgeting her time do enough housework to be able to attend rehearsals? She may have to decide to forego the play in order to carry out her responsibilities at home. But it will be *her* plan, arrived at after *her* analysis and evaluation of possible

*Big boy  
or big baby—  
he can't make  
up his mind.*



solutions. Then she can move into action, with some disappointment perhaps but without unhappiness or a feeling of conflict.

#### *Class Discussion*

- What do people gain from meeting and resolving their conflicts?
- If a person seeks the advice and experience of others in solving problems, does that mean he is weak and unable to handle his own affairs? After one seeks advice, who makes the final decision?

#### *Dependence vs. Independence*

The desire to become independent of one's parents opposed by the desire to remain dependent upon them is at the core of the maturing process. One's method of resolving this conflict largely determines what kind of person one becomes.

It is understandable that this conflict should exist. The small child receives everything from his parents . . . food, warmth, protection, love and recognition. As he grows older and can do more things for himself, he still relies heavily on the emotional and physical support of his parents.

Later, as he moves into adolescence and becomes more interested in social contacts and activities outside his home, he naturally wants more independence. Parents seem to hinder him in what he wants. Parental guidance now looks like domination. The young adult loves his parents but resents what he sees as their interference. This is normal. He loses sight of the fact that his parents are responsible for continuing to guide and help him and forgets that even now they are his support in time of worry or trouble.

But if people remained dependent upon their parents, they would be unable to assume the responsibilities of adulthood and the later responsibilities of getting married and becoming parents themselves. The young person's conflict is this: while he consciously or unconsciously wants the care, protection and support of his parents and wants to continue to depend upon them to meet many of his physical and emotional needs, he wants also to stand on his own feet and be independent of his parents.

Parents experience a similar conflict. They want their children to grow up, yet their love and attachment often makes it difficult to watch this growing up and apparent growing away.

#### *Resolving the Conflict*

Ordinarily time, experience and understanding resolve these conflicts. Both the parents and the child learn that it is possible to love each other dearly, to respect each other and to recognize each other's worth without the child's having to remain a child.

*Does he have  
to surrender  
his principles?*



When a child has been insecure or has not received enough encouragement to move gradually but consistently towards self-reliance, his wish for dependency may persist into adulthood.

On the other hand, some parents who are fearful that their child will not become self-reliant quickly enough try to push him towards independence when he is far too young. This Spartan approach deprives the child of the pleasure of satisfying his need for dependency in his early years when dependency is normal. His unfulfilled wish for dependency may then also persist into adulthood.

#### ***Almost Everyone***

The conflict between the desire to be dependent and the desire to be adult and independent exists to some degree in practically everybody. Its resolution is gradual and requires the same approach as any sound resolution of conflict: recognizing and analyzing the problem; weighing possible solutions; evaluating alternatives in order to arrive at the one that will be best for the individual and yet considerate of parents and other people; and moving into action.

No one should assume that a person is helpless or totally unable to deal with problems because he seeks guidance and calls upon the experience of others to help him meet his conflicts. Teachers, guidance counselors, clergymen and sometimes psychologists and psychiatrists are needed to assist with emotional problems just as lawyers, doctors or dentists are needed to help on problems in their special fields. No one feels inadequate when he goes to a dentist with an aching tooth; no one should feel inadequate when he seeks counsel on aching feelings.

### *Class Discussion*

- John, age 20, has never had a date with a girl. He prefers to go out with his parents or stay home with them, reading, listening to the radio or watching TV. Discuss.
- Will is in the Armed Forces. Back home his mother washed and mended his clothes, sent his suits to the cleaner, put his room in order every day. Whenever his homework was difficult she or his father helped him. When Will offered to do any jobs around the house, his mother declined his assistance. Now Will is having a hard time in the service and is frequently gigged for lack of personal order and cleanliness and for poor military housekeeping. Discuss.
- Mary thinks it's grown-up to meet her boy friends away from home, to return late from dates, and tell off her parents when they try to discuss these matters with her. She threatens to leave home whenever she feels her parents are trying to control her. Discuss.
- Henry's troubles in the Armed Forces are all with officers and non-coms; he gets along well with the men in his outfit. The officers, as far as Henry can see, are out to make life hard for him; their orders seem silly and capricious, and he thinks most of them dislike him. What are some of the factors you see in Henry's difficulties?

### *Meeting Conflicts*

Young people need to be aware of some of the unproductive means by which people try to meet emotional conflicts. Most people resort to these means, either as a matter of habit or on occasion. They are "outs" that must be guarded against and discerned when they present themselves as easy and comfortable ways of solving conflicts. Using these outs and failing to recognize that one is doing so may retard one's development into a mature person.

### *Surrender*

John loves Mary and wants to marry her. He's afraid they will have trouble managing on his income. Instead of trying to work out the conflict between his love and his fear, he walks away from the whole thing. He gives up the idea of marriage and breaks off with Mary . . . he surrenders. His action solves nothing.

But sometimes surrender can be used well, when it is thought about and appears to be the best solution. Jim wants to finish law school. His father is seriously ill. Medical expense is mounting and income diminishing. Jim loves his parents and wants to help; he also wants to finish law school. After thinking out ways of trying to help and yet continue his education, he sees clearly that he cannot do both right now. He surrenders to the stronger of his drives, the drive to help. This is a positive use of surrender.

Surrender can also be used positively when the conflict lies between the individual's desires and the moral code. Henry is in the Armed Forces. He wants the approval of the men in his outfit; he wants to be considered a good sport. A group suggests going to a roadhouse known to be a place of prostitution. His conscience says no. Surrender to the dictates of conscience is not only a sound course here but is a positive way of solving conflict.

### **Compensation**

Compensation is another means of dealing with conflict. Like surrender, it may be a good or a dangerous course.

The athlete stricken with polio who puts all his energies into study and becomes a scholar is compensating well.

The unsure person who tries to assert his importance by bullying and dominating others is overcompensating. Instead of solving his problem of insecurity, he creates new problems for himself by giving others reason to dislike or snub him.

The man who meets the normal, natural fear of combat by bragging that he doesn't know what fear is is overcompensating. The man who is equally afraid but becomes the company's best marksman is using compensation productively.

### **Class Discussion**

- Harry is a veteran of World War II. He lost his vision in combat. He had never tried writing, but now he's working on a novel and he's already sold one short story. Discuss some of the less adequate ways in which he might have dealt with his problem.
- Lucy's parents are having a hard time financially. By various means she gets them to scrimp and do without to buy pretty clothes for her. She is proud of the fact that she is one of the school's best-dressed girls. How could Lucy productively use compensation, rather than overcompensation, to satisfy her desires?

### **Daydreaming—Escape**

Daydreaming is another poor way to handle conflict. Getting away from it all in daydreams—in fantasies where one is the richest boy or girl in the world—only defers the resolution of conflict. Books, movies, TV and radio—all perfectly good forms of entertainment—can be over-indulged in as escapes from problems, as flights from reality.

Unhappy, immature people sometimes turn to harmful physical satisfactions as another out. Excessive drinking, overeating, spending a large amount of time in bed, and misusing the sexual impulse are some examples.

Now and then everyone uses daydreaming or escapes of one kind or another. Imagination and the capacity to identify with other people, real or fictional,



can be used constructively . . . in the creative arts, in study and in molding one's ideal of the kind of person one wants to be. But when daydreaming and other escapes become the habitual ways of dealing with conflict, they prevent maturing.

#### *Class Discussion*

- How can people use to advantage their interest in books, their dreaming and admiration of great characters?
- Bill wants to study medicine, to become a great doctor of international reputation. In high school he took only the minimum of science courses; he is doing the same in college. He daydreams about himself in a white gown in the operating room of a hospital, teaching eager students or even older physicians. How can Bill unite his dream with reality?

#### *Rationalization*

Everyone recognizes the person who could always have done better but for some accident of circumstance. He's the person who could have passed the examination but for the fact that the teacher didn't like him, who could have made the team but for the weather the day the coach tested him.

The young man who wouldn't have a date with Mary "if she begged him" (after Mary had declined his invitation) is also recognizable.

So is the young man in the Armed Forces who "wouldn't be a lieutenant if they hung the bars on me" but who actually failed in his efforts to get to Officer Candidate School.

Through self-deception and self-justification such a person camouflages the truth. Rather than admit failure, he creates a reasonable picture of what he wished had happened and in time comes to believe his creation. As a result, he never sees the true cause for his failures and simply lays himself open to more defeats and the necessity for more "reasonable excuses."

The term for this process is rationalization. It is another child-like way of dealing with conflicts. Most people rationalize every now and then, finding good excuses or high-sounding reasons for their failures or self-indulgences. As a practice it is a deterrent to emotional growth.

#### *Class Discussion*

- There's an old saying, "It's a poor workman who complains of his tools." Discuss.
- Among Aesop's fables there's the story of the fox who couldn't reach a bunch of grapes he wanted. Thwarted, he declared they were probably sour grapes anyway. Relate this to the process known as rationalization.



### **Conversion**

Illness can serve as another out or evasion of the job of solving conflict. By an exchange (conversion) of physical illness for emotional pain one unconsciously uses his body to help escape meeting and dealing with conflict. This is called conversion.

The person who invariably has headaches at examination time or the serviceman who goes on sick call whenever a hike or extended maneuvers are scheduled may need to think about illnesses as being rooted, perhaps, in more than just physical causes. If a person is using illness as an out for conflict, he may need professional help to assist him in sorting out physical factors from possible emotional factors and in learning to face his problems.

### **Class Discussion**

- Susan has been a week-end guest at the Smiths' country home. She has not had a very good time; she caught a slight cold because of not having enough blankets and she had a rather poor evening at the country club dance where she didn't know anyone. When she gets home she is "simply too sick" to write a bread-and-butter letter to her hostess. What may Susan be doing? What may be her real problem?

### **Repression**

Sometimes people try to pretend to themselves that their emotions and drives simply do not exist. This process is called repression. Bringing one's emotions under control, a basic human job, does not mean banishing them. It means using one's emotions and the energies associated with them for one's own good and for the good of others.

A person is using repression when he attempts to deal with the pain of conflict by "forgetting" something he finds painful to remember. An unpleasant task that conflicts with more pleasurable activities is easily forgotten. People sometimes forget to write letters to others whom they fear or dislike. Or they may forget an episode that caused them to be afraid of trains or automobiles, yet manage to keep as far away as possible from both.

Rigid repression of the sexual impulse is not the way to control the sexual drive. One has to reckon with its existence and deal with it . . . by substituting satisfactions that are socially and morally acceptable, by deliberately deferring sexual gratification until the right time, place and circumstance, and by sublimating the sex-love impulse in creativity, acts of love and generosity towards others.

### *Class Discussion*

- People who have good cause for anger quite generally control themselves. Is this repression? Is it good or bad? What can one do about angry feelings?
- Is military combat unleashed or controlled aggression? How can one use aggression in solving problems and in learning new things? Give examples from your own experience.

### *Regression*

Regression—the wish “to be a child again, just for a day”—is another immature way of handling conflict.

Unnecessarily prolonged convalescence, childish helplessness and acute homesickness may all indicate regression as a way out of conflict. The person who resorts to crocodile tears or temper tantrums to get what he wants is regressing . . . using the tears and rage that in his childhood used to bring people running to see what was wrong.

Because the small child usually could do little for himself, people responded to his tears and anger and gave him comfort and help. But an adult can do things for himself and can rise above the temptation to regress into childish emotional displays when conflicts or frustrations confront him.

### *Class Discussion*

- How can homesickness affect a serviceman's usefulness? Why should one try to conquer homesickness? Suggest things a serviceman could do to relieve homesickness in a mature way.

### *Emotional Health*

All behavior represents an effort on the part of the individual to satisfy some need. But behavior that is unsocial or that deviates from the normal is an effort to meet a need in an ill-chosen and unconsidered way.

For example, a boy may feel a need to demonstrate his power. Instead of showing constructive leadership—by becoming a class officer or a Scout leader—he may choose to become the head of a gang that steals, destroys public property or behaves generally in a malicious way.

Even though one's emotional needs have not been satisfied to the fullest (and very few human beings do experience complete satisfaction), the person who wants to get the most out of life can use reason, experience, judgment and moral choice towards trying to achieve emotional satisfactions in the best way.

It is important for young people to think about some of the factors that make for good emotional health and indicate emotional growth and maturity.

### ***Emotions and the Nervous System***

Human emotions are inseparable from the total human organism. The nervous system plays an important role in feelings and emotions. The development of physical habits and skills involving the brain and nervous system, which enable a person to react quickly and alertly in everyday situations, is essential to good emotional health.

People sometimes get into an emotional panic when they come close to having an accident, for instance. For this very reason schools routinely have fire drills, and communities have air raid drills. Such practices help people to develop automatic responses and calm behavior should disaster occur. More than one burning school has been safely emptied of all children because the children accepted the situation calmly as just another fire drill and followed the established routine as a natural habit.

A healthy nervous system is best maintained by rest, sleep, variety in work and recreation, the treatment of physical defects that may cause nervous irritability, and the development of a habit of concentrating on problems at hand.

### ***The Emotionally Healthy Person***

The emotionally healthy person has certain attitudes and characteristics that are discernible in the way he regards himself, other people and day-to-day situations.

He has a good opinion of himself. He neither denies nor overestimates his capacities and character. He sees room for self-improvement. This challenges rather than depresses him. His sense of humor makes him view himself objectively and permits him to be amused at his own foibles when others expose them. He sees the absurdity that often exists in human situations, yet does not despise others for the weakness or foolishness that creates such situations.

While not a Pollyanna, the person of sound emotional health is, generally speaking, cheerful and self-confident. These qualities, of course, largely result from his capacity for meeting emotional problems and for growing through that experience.

Such a person enjoys the company of other people and respects them whether he happens to like them or not. He refuses to permit prejudice to come between him and his fellowmen and refuses to sit in judgment on them. He may, and sometimes must, disapprove of what they do, but he feels no unhealthy compulsion to tell them so unless it is his clear duty to do so. He does not actively dislike people for their faults, knowing that one can "hate the sin and love the sinner."

Although the emotionally healthy person enjoys work, play and cooperative activities with others, he is not lonely when by himself. Because he is self-

sufficient, he can use privacy and solitude for his hobbies and for reflection, planning and sorting things out in his own mind.

Others' opinions of him are important to him, but they do not throw him into panic and alarm if they are not uniformly approving. He weighs criticism as objectively as possible, tries to determine its validity and uses it in his efforts to improve himself. He does not dwell on criticisms nor resent the person who made them.



*Habitual daydreaming—  
it solves nothing.*

He does not delay facing his problems. After thinking them through, he arrives at his decisions and abides by them. But he is flexible, capable of altering decisions when he has been wrong in the first instance or when situations change.

Although the emotionally healthy person has good habits of work, rest and recreation, he doesn't permit habit to become his master and is adaptable enough to interrupt a routine or change a method when necessary.

A person with good emotional health has a philosophy of life that helps him do his best at all times. Into this philosophy of life—not necessarily fully developed in a young person but nevertheless a guiding factor in his behavior—go his spiritual values and his attitudes towards himself, other people and society generally. His philosophy guides him in viewing the world around him, in evaluating current history, in planning his own future and in making the best possible contribution to his community and country.

The emotionally healthy person is not perfect. He is not free from emotional upsets. He has moments of jealousy, anger and laziness, and he may have occasional outbursts of temper and vindictiveness. He may meet some of his problems quite incompetently. He may occasionally resort to unproductive ways of handling his conflicts.

But he shows his emotional health in the way he generally behaves, generally views things and people, and generally meets problems. The speed with which he picks up and begins all over again after a mistake, the way he learns from a mistake and the effort he makes to understand the reasons for his behavior are evidence of the tone of his emotional health.

### ***Class Discussion***

- How are the following related to emotional immaturity: temper tantrums, keeping to oneself, lack of consideration for others, vengeance, jealousy?
- Why are hobbies important to good emotional health?
- Is the same kind of recreation day after day apt to be as emotionally unhealthy as the same kind of work? Discuss.

### ***Class Activity***

- Administer self-quizzes: "How Do I Rate in Mental Health?" and "How Level-Headed Am I?" From *Better Ways of Growing Up*, pp. 131-33.

### ***Reference***

- *People Are Important*, by Floyd L. Ruch, Gordon N. Mackenzie and Margaret McClean, pp. 238-73.

### ***Problems Everyone Encounters***

All human beings encounter personal and emotional problems. Since people are generally somewhat reserved about them, an individual often fails to realize that others may have concerns like his own. Having problems is a common human experience, normal to living, and capable of contributing to one's growth and development.

Doubts, worries, fears and other problems get out of hand only when they take up too much of the individual's energy, attention and time.

### ***Class Activity***

- Have students list anonymously their 10 major problems. Papers should be identified only as male or female. Tabulate problems. A listing of the major categories and types of problems will help students to see: (a) that many people have the same kinds of problems; (b) that problems which boys usually think of as boys' problems and which girls usually think of as girls' problems are in many instances common to both sexes.

### ***Insecurity***

No one feels completely secure at all times and under all conditions. Even the person who is self-confident in most situations may experience insecurity and uneasiness under other circumstances. The opera singer, so self-assured in her performance and among other artists, may feel insecure in ordinary social relationships.



*Parents neither  
over-solicitous  
nor indifferent.*

Despite the best possible intentions, parents are sometimes unable to provide children with maximum inner security. It often happens that the child draws erroneous conclusions from occurrences in his childhood and from them derives lasting feelings of insecurity.

By their eagerness for their child's success, parents may unwittingly foster his feelings of insecurity. Often they establish and overemphasize too high standards of scholarship, personal appearance or behavior, then disapprove too strongly when the child fails to measure up. These fairly common parental attributes may lead a child to feel that he can never meet his parents' standards, that he is no good and somehow inferior. Because of these feelings of insecurity and inferiority he may develop a persistent sense of uneasiness with all who, like his parents, symbolize authority. In adulthood, this uneasiness may cause him to identify every employer or military officer as another "parent" who may disapprove.

Interestingly enough, the very opposite of parental disapproval can also cause feelings of insecurity. When parents encourage overdependency, wait on a child constantly and overprotect him from experience with everyday reality, they may cause him to become unsure of his ability to do things for himself and to handle ordinary situations.

Feelings of uncertainty or inferiority and lack of self-confidence are problems that can be met. When such feelings are deep-seated, bother a person much of the time and keep him from working and playing effectively, he may need skilled professional help to deal with them.

But most of the time problems will yield to one's own analysis, thought, planning and action. The boy or girl who dreads addressing the assembly in

school may need to recognize that at least part of this uneasiness may come from the unsuccessful experience of trying to speak without careful preparation.

The boy or girl who never knows what to do or say when meeting a person for the first time may have to work up a stock of conversational openings about recent movies, sports events, TV and radio programs and the like. So-called small talk bridges much awkwardness, and each encounter with new people, whatever the degree of success, gives one added confidence and ease.

### ***Class Discussion***

- Betty, who has lived with her grandparents for quite some time, is the sort of person adults praise and enjoy. They like her grown-up manner and are happy to include her in their conversations because they find her interesting and intellectually mature for her age. But at high school Betty is rather unhappy and ill at ease. She is aloof from her classmates and they in turn leave her pretty much alone. Her reputation is that of teacher's pet and grind. What can she do to make a secure, comfortable place for herself with her class?

### ***Reference***

- *Personal Problems*, by John B. Geisel, pp. 131-51.

### ***Fear***

Fear is one of the most common human reactions. Not only is fear normal; inability to feel fear is abnormal. Young people should view fear calmly and objectively and recognize its value in life. They need also to realize that fear—unless faced and dealt with—can drain one's energies and prevent one from living in the most productive way.

Since no one lives in a perfectly safe and protected environment, fear serves the important role of warning a person, alerting him to danger and giving him a chance to prepare himself to meet it. Fear creates physical reactions which protect the individual. It releases various chemical substances in the body which make him more energetic and ready to act on his own behalf . . . to run faster or fight harder.

Some psychiatrists believe that fear is innate and that even the newborn baby is afraid of loud noises or of being insecurely held.<sup>1</sup> Others hold that

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<sup>1</sup> *The Psychology of Childhood to Maturity*, by J. G. Williams, New York, Grune and Stratton, 1946.





*What fun  
the new  
plaything!  
And what  
danger,  
they'll  
learn.*

during very early infancy the child develops fears of being deserted, of not being loved and of being punished or injured.<sup>2</sup>

Since surviving is a baby's big job, it seems logical that even a tiny infant should have some reaction to any possible threat to survival and that that reaction should be fear. Anything or anyone disturbing the baby's limited equilibrium, in a world in which both literally and figuratively his feet are not yet on the ground, threatens him. Threat in turn sets in motion the life-saving reaction of fear.

As the child grows older and learns that some things new to his experience are also dangerous, he develops a healthy fear of fire, of sharp instruments that may injure him and of heights from which he may fall. All this learning of fear is good. It is only when fear gets out of hand that it can cause harm.

As the individual learns through the process of discovering danger in new things, he begins to sense that there may be other dangers not yet encountered. He may now have a new fear . . . a generalized fear of the unknown. What people do not know nor understand may loom as a threat. Such fear, when fraught with nagging uneasiness and disquiet of mind, becomes anxiety.

There is another factor in acquiring fear. As the little child begins to live more and more in the world of other people, he may begin to react to their disapproval by feeling that if they disapprove of him at all, even a little, they will withdraw their love completely. This adds social fears to the child's fear for his survival and his possible fears of the unknown.

The tragedy of fear is not that it exists, for it can be a blessing, a safeguard and a protection. The tragedy lies in the fact that most people are afraid of

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<sup>2</sup> *Emotional Problems of Living*, by O. Spurgeon English and G. H. Pearson, New York, Norton, 1945.



being afraid . . . they think others will consider them inadequate and cowardly if they admit to fear.

Whenever people are able to realize that their particular problem is one everyone else experiences they can deal better with it and get perspective on it. Knowing that fear is everybody's problem helps to remove the fear of fear.

Because of his feeling of inadequacy or misgivings about the unknown, a young person may become timid and fearful about meeting new people and new situations. His fears can be reduced . . . by obtaining information in advance about the people or situation he is to meet. Before applying for a job, he can find out the requirements and evaluate his qualifications in the light of these requirements. Then, properly informed and properly groomed, he can approach the interview with confidence.

One can use many such practical measures to place new situations in focus and reduce or eradicate fears about them.

Some boys and girls are frightened by pubertal changes. Yet knowledge of the facts and dissipation of any superstitions and mistaken ideas about menstruation, seminal emissions, etc., will usually eliminate fears about these processes.

Trying to repress fear—pretending it doesn't exist—solves nothing. On the contrary, a person may become paralyzed by fears he fails to meet and act upon.

Fear should be the signal for mobilizing one's body and mind for action whether one is afraid of an oncoming train, of playing at a piano recital or of the possible displeasure of one's boss. Action is action whether it takes the form of planning, organizing one's ideas, laying out a whole campaign for better relationships or practicing for a recital. But it is usually not enough merely to think about, plan and organize ways of meeting one's fears; one must act. The best campaign one can map out won't do much good on paper or in one's mind.

Acting on fears, rather than freezing up, is the self-disciplined, self-directed and self-determined way of meeting fear. To save himself, the person in danger of losing his life in a fire must think and must direct and discipline his actions. If he panics, he may die. But if he weighs alternatives for escape, perhaps takes a calculated risk, he is using fear productively, and is thinking and acting in his own behalf.

A positive adjunct of fear is courage. It is quite natural for young people entering the Armed Forces, especially when the country is in danger, to wonder whether they have enough courage to meet what may be required of them. The question of courage is worth thoughtful consideration.

First of all, everything one does now to meet ordinary fears and anxieties is conditioning for the future. Each fear overcome by thinking, planning and action increases one's feelings of self-confidence and courage.

Secondly, a certain amount of fear is normal in combat or any hazardous situation. That is the self-protective mechanism at work. The man on the front lines who takes foolhardy chances which may cost him and others their lives is probably overcompensating for his fears, not meeting them. The man who knowingly and willingly sacrifices himself to save others has converted his fear into action at the highest level of courage.

Thirdly, training in the Armed Forces is designed to protect the individual. A serviceman's job is not just fighting the enemy; it's saving himself, too. Conditioning in the Armed Forces is most carefully worked out to develop alertness, lifesaving reflex actions, a high degree of neuromuscular coordination and those military skills that will protect the serviceman to the greatest possible extent. This conditioning reduces fear by preparing the mind and body to mobilize quickly to meet danger.

Courage is the readiness to fight for what one values. It is the use of aggression to gain the things one wants, needs or considers worthwhile, whether those things are personal achievement, social approval or, in war, the defense of a way of life that one cannot bear to relinquish.

Young people need to be aware of another facet of fear. Sometimes one experiences vague, general feelings of fear, possibly accompanied by some or all of the physical manifestations of severe fright . . . rapid respiration, palpitation of the heart, profuse sweating or upset stomach. Yet the individual does not know precisely what he fears . . . he only knows the feeling of fear. He needs help. If he has been trying to repress his fears, he may experience the symptoms of anxiety and yet be unable to identify his problem. Generalized feelings of anxiety need to be treated by competent professional people.

#### *Class Activities*

- Administer self-quizzes, "How Self-Confident Am I?", "How Self-Reliant Am I?", "How Can I Gain More Self-Confidence and Self-Reliance?" from *Better Ways of Growing Up*, pp. 121-25.
- Essay on "Something I Used to Fear but No Longer Fear" or "How I Can Use Intelligence to Fight Fear."

#### *Class Discussion*

- How can fear help the individual?
- Why should fear lead to activity? What is likely to happen to the person who simply tries to bear fear without action or who tries to repress it altogether?
- How can people study their fears?

## BOOK NOTES

by Elizabeth B. McQuaid

*The Cincinnati Report.* Cincinnati, Council of Social Agencies, 1952. 276p. \$2.00.

This appraisal of the social services of Cincinnati and Hamilton County (Ohio) shows a need for:

- Adequate, coordinated services to the family as a unit.
- A system of coordinated social services for families, children, unmarried mothers.
- Research to determine adequate services for people between 15 and 24.
- Rehabilitative treatment for adults who contribute to the delinquency or neglect of children and sex offenders.

Among the recommendations requiring priority action are these:

- Adequate social planning and coordination of service.
- Aggressive steps to remove hazards contributing to family problems and breakdown.
- A research project to clarify the problems of the so-called "untreatable families."
- A study to determine the feasibility of establishing adequate family counseling services in key tax-supported agencies.

In appraising the county's social services, a committee studied the self-evaluations of 148 public and private agencies and the reports of 22 sub-committees on which over 600 citizens served.

Among the most telling aspects of their report are the comments that follow a description of each agency's services. Prepared by the appraisal committee, they represent a synthesis of agency-citizen thinking all the more valuable for its democratic approach. The Cincinnati Social Hygiene Society is commended for its role as a distinctive department of the Public Health Federation in developing a program which "has long commanded respect here and elsewhere."

*Family Life Education Kit. Sharing Sex Education with Children, A Guide for Parents. Recordings* (two 12-inch vinylite recordings), by Gloyd Gage Wetherill, M.D. San Diego, Calif., Heath Printing Company, 1952.

*The Family Life Education Kit* includes a manual or guide and two 12-inch recordings, one designated for children 4 to 8 years old and one for children 8 to 12 and older.

The author's purpose and approach are best described in a statement that in the development of the project he has had the cooperation of more than 1,200 parents and teachers interested in meeting "a keenly felt need of helping children understand the sex aspects of wholesome living."

The manual opens with a series of drawings illustrating in simplified form the physiological phases of reproduction. The text consists of 14 chapters on selected subjects which Dr. Wetherill states "originated from a study of the actual interests of children." The titles of the chapters indicate the scope of the book: Growing Up, Menstruation, Emissions, Mating, Pregnancy, Development of a Baby, Birth of a Baby, Feeding of a Baby, Twins and the Dionne Quintuplets, Heredity, Family Living, Friendships, Conduct and Other Interesting Things. Each chapter begins with an overview written in simple narrative form. Then follows a series of pertinent questions and answers. The answers are accurate as to information and, for the most part, clearly stated.

An appendix to the manual contains a vocabulary of 100 selected words and definitions which the author terms "generally advisable for this age group."

The emphasis throughout the manual is mainly upon physiological facts. There is, on the whole, relatively little attempt to integrate the physical with the emotional and spiritual aspects. Most persons will agree that it is highly important for children to receive facts when they are ready for them . . . but aren't we thinking in terms of the whole child? The child's feelings about sex and his interpretation of facts are of paramount importance for they color his attitudes and behavior as they concern sex.

If he is ready for facts, it is essential that his new knowledge should fall into proper perspective in his mind. He is ready also for some understanding and appreciation of the interrelationships of the biological, sociological and psychological aspects of sex and for sound interpretation on his own level.

The foreword suggests that older children may find this manual helpful. Certainly facts are presented in terms readily comprehensible . . . but it is questionable whether the latter chapters offer the most effective

psychological approach to the child over 12 or whether he will find the material as presented sufficiently satisfying emotionally.

The recordings are planned to gear in with the manual. In designating Record No. 1 for the child 4 to 8 and No. 2 for the child 8 to 12 and older, the author recognizes the variance in the maturation rate among children. But many persons will differ with him as to the suggested age span. The mode of approach to the usual 4-year-old needs to differ vastly from that to the 8-year-old.

At intervals the listener is invited to turn to specific drawings in the manual. This too raises a question. Will the drawings be appropriate to the comprehension of the child? It would seem that a number of the drawings are far beyond the comprehension of the usual 4-year-old.

Moreover, the recorded situations are not always convincing. The conversation is often stilted because of the too-obvious attempt to bring in situations or concepts which the author evidently felt should be included.

Certainly parents and teachers who are seeking sound factual information for use with children, particularly as it may concern the physiology of reproduction and correct terms, will find this kit helpful. The inexperienced person might well be given words of caution as to its limitations and the possible pitfalls involved in its unwise use.

*Elizabeth McHose, Associate Professor  
Health and Physical Education, Temple University*

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*Courtship and Marriage*, by Francis E. Merrill. New York, William Sloane, 1949. 360p. \$2.85.

This study of the social relationships anticipating and characterizing marriage concerns in the main the uniformities of behavior determined by American society.

Written primarily for college students by a Dartmouth professor, the book discusses courtship as a social relationship, romantic love and sex, courtship and marital choice, economic roles, biological roles, parents and children, affectional roles, broken roles (divorce) and strengthened roles (adult and higher education and marriage). There are reading lists and an index.

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*Teens . . . How to Meet Your Problems*, by John and Doratheia Crawford. New York, Woman's Press, 1951. 162p. \$3.00.

Here are sympathetic discussions of young people's problems, personal, family, social or school. Out of his experience as educator and counselor Dr. Crawford draws case stories to convince his readers that no problem is unique.

*Glands, Sex and Personality*, by Herman H. Rubin, M.D. New York, Wilfred Funk, 1952. 205p. \$2.95.

Designed to give the average intelligent lay reader some of the important facts about glands, this book avoids technical terms when possible and has an attractive, readable style.

In general, the material is accurate. Examples are often quite extreme, and there is a tendency to overstress the importance of the endocrine glands and the role they play. The discussion, *A Man's Change of Life*, seems to overemphasize some of the symptoms and indicate that they occur frequently.

Chapter 19, *How Hormones Affect Your Behavior*, assigns the endocrines an important role in criminality, juvenile delinquency and mental disturbances which is as yet unproved. On page 175 a statement—"It is worthy of note that in many of our mental hospitals a good percentage of patients have shown evidence of endocrine disturbance, and treatment with adequate hormones has enabled them to be discharged or paroled"—is not in accord with the opinion of most psychiatrists. The results of endocrine therapy in mental disease have been, on the whole, disappointing, although there still remains the possibility that endocrines do play an important role in some of the little-understood types of functional mental disorders.

The book as a whole seems overoptimistic as to what can be done by endocrine therapy. The glossary of technical terms is useful. The book can be, in general, recommended for its purpose—to give the public further knowledge of the relationship of the endocrine glands to personality and behavior.

Karl M. Bowman, M.D., Medical Superintendent  
Department of Mental Hygiene  
The Langley Porter Clinic

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*Understanding Your Child*, by James L. Hymes, Jr. New York, Prentice-Hall, 1952. 188p. \$2.95.

This guide to understanding and enjoying youngsters is a real contribution to the growth and happiness of the family—as a unit and as individuals. Parents and teachers will find reassurance in the author's observation that "people are made and remade with every passing day." The light touch of the author, a professor of education and father of three, is ably seconded by the merry sprinkling of drawings by H. W. Doremus.

*The Adolescent and His World*, by Irene M. Josselyn, M.D. New York, Family Service Association, 1952. 124p. \$1.75.

In *The Adolescent and His World* Dr. Josselyn has written a fine, readable and helpful book that should appeal to a large audience. Parents will find it promotes insight into the teen-age world. Teachers and students of human personality will appreciate its worth. And the more intelligent teen-agers will read it profitably.

If it were not for one chapter, *Sex Education and Sexual Behavior*, this could be classified as one of the better books on teen-age personality . . . we could put it in libraries throughout the country, and then sit back and hope it would have a wide circulation.

This chapter has two vital weaknesses that demand challenge. Unless carefully read and analyzed, it could damage the cause of group work, which includes sex information as well as the promotion of sound life values and attitudes. In all fairness, it should be mentioned that Dr. Josselyn probably tried merely to present the material in a thoroughly objective, unbiased, scientific manner, but the result is a confusing and contradictory point of view quite likely to be misunderstood by the average reader.

The chapter on sex education gives the impression that group work imparting sexual information is damaging. Dr. Josselyn actually does not say that . . . she says that a series of lectures on sex as such cannot be given to young people without harmful results.

This is not news. Years ago we learned that purely sex information courses were stimulating and conducive to experimentation . . . but it's a different story when sex information is given as part of material on the psychology of human adjustment. The reader may, however, gain the impression that the author condemns all group work dealing with intimate subject matter. If so, this book would do serious damage to a great cause.

#### *The group approach in schools*

In the last few years great strides have been made in family life education in the public high schools through the group approach. The course in marriage at Toms River, N. J., is a notable example of this technique, as is the health education program in Oregon. San Antonio has had an outstandingly successful family life education program which has stood the test of five and one-half years and 7,000 student enrollees.

This has not been done without taking a positive stand against promiscuity—which leads us to the second half of the criticism of Dr. Josselyn's chapter.

She seems to believe that sex mores in the United States have radically, drastically changed as the result of wars and other pressures . . . that



complete sexual freedom for both sexes may be around the corner. No one would argue that changes have not occurred. The degree of change is what is challenged.

Parenthetically, if Dr. Josselyn wants any evidence about sex mores in America, let her come into any high school where an unmarried girl's pregnancy has become known to her fellow-students and see what happens to her in the halls at the hands of her so-called free and easy peer group.

We may talk a great deal about—and in small groups accept—sexual freedom, but the great middle class in America still clings to the basic moral teachings of yesteryear. According to the standards of youth, a girl may kiss, may pet a little, but she is expected to retain her virginity. Family life education is helping boys and girls to accept the religious single standard and to reject the outmoded double standard.

Outmoded by what and by whom? By the findings of research studies on successful marriage, by men like Kinsey who have shown the class levels of sexual behavior, by studies like the one made in San Francisco on promiscuity.

Dr. Josselyn states that acceptance of sexual freedom would not necessarily be undesirable. If such is the case, then churches and organizations like the American Social Hygiene Association would do well to fold their tents and quietly fade away. They are *passé* and have no place in the modern scheme of things.

But she is wrong! Human beings have basic needs for love and security and recognition that can never be met by temporary sexual alliances.

#### *Principles to live by*

Certainly, no work can be done to help confused young people either individually or in groups unless there are basic values and attitudes rooted in sound mental hygiene and religious concepts to impart along with specific information, sexual or otherwise. People have to have something to believe in and live by in order to make good, sound life adjustments. This chapter could easily induce a young reader to believe that the author thought moral restraints wholly unnecessary.

Self-restraint, sexually, is not harmful if it is thoughtfully chosen as a way of life before marriage, not from fear but because of the desire for the best. Lack of restraint has yet to prove its harmlessness.

This is a good book to read if it stimulates your thinking. It is bad if you passively accept it *in toto*.

Payton Kennedy, Dean of Girls  
Thomas Jefferson High School, San Antonio

*Your Marriage and the Law*, by Harriet F. Pilpel and Theodora Zavin.  
New York, Rinehart, 1952. 358p. \$3.95.

This is an important book for laymen in an area in which there are too few books even for professionals. It presents the gamut of legal problems that men and women encounter who become engaged, get married, engage in sexual relations, have children, become involved in family disputes, separate and seek divorces.

Part I covers legal problems involved in engagements and breach of promise actions, rules with respect to who may marry, procedures for getting married, interpersonal relationships and property obligations of husbands and wives. Part II presents materials on the obligations and duties of parents and children toward each other, and problems involved in illegitimacy, artificial insemination and adoption as well as a postscript about estates and wills. Part III, *The Sex Side*, considers problems of birth control, abortion, sterilization and criminal aspects of sexual expression. Part IV contains data on separation agreements, annulments and the manifold problems involved in divorce, homegrown and migratory.

Since the authors have attempted to cover many different areas of pre-family and post-family legal problems, the specialist might find the material on some points a bit thin. However, the book is not intended as a handy guide to the law for laymen. It is not a substitute for legal guidance by trained lawyers. It simply seeks to block out the contours of a vital area of the law affecting men, women and children, and to spot the many booby-traps.

It is to be hoped that the men and women who read this book will lend their voices to the growing demand for a rational revision of the crazy-quilt, illogical patchwork which passes for family law.

Morris Ploscowe  
City Magistrate, New York City

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*Courtship and Love*, by William S. Sadler, M.D. New York, Macmillan Company, 1952. 195p. \$3.50.

Here is must reading for all teen-agers and their parents. Its simple, easy-to-read style readily appeals to the average high school and young college student. The author does not answer questions about dating, courtship and love, but rather discusses the problems openly and frankly so that the young adult is better able to make a more satisfying decision.

The author, a psychiatrist with 40 years' experience in counseling young people about their premarital love life, gives detailed considera-

tion to dating, mate selection, courtship, engagement and preparation for marriage. In a chapter on Predicting a Successful Marriage Dr. Sadler says, "When we clearly recognize and honestly face our personality difficulties, we can do a whole lot to insure happiness by correcting these shortcomings before the marriage vows are plighted." He is optimistic about the ease with which personality difficulties can be corrected . . . however, facing the facts and accepting each other as real live people with many imperfections are important to the success of a marriage.

Some very sound counsel is given the young couple in the chapter on Starting Married Life. The importance of planning together, learning the business of real cooperative living and avoiding "matrimonial stagnation" are dealt with in an optimistic, realistic way.

The book has a good brief bibliography on preparation for marriage, and it is well indexed.

*Marrietta Henderson*  
*Coordinator of Family Life Education*  
*Asheville, N. C.*

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*Parents, Children and the Facts of Life*, by Henry V. Sattler. Paterson, N. J., St. Anthony Guild Press, 1952. 270p. \$3.00.

The author states that this work was written for and by parents, the latter being responsible for practical hints in the book. Father Sattler approaches sex instruction from the Catholic viewpoint, which considers sex attitudes a complex of religious, moral, emotional, psychological and physiological factors. A discussion of these factors constitutes the heart of the book. Following each chapter are cases for discussion and questions.

The tone of this book is one of simplicity and frankness. The author provides a step-by-step approach for explaining to children the process of conception and childbirth, including the part played by the father and mother. He emphasizes the necessity for associating sex with God and therefore regarding it as good and sacred. A detailed explanation of sexual morality is set forth in two chapters.

Father Sattler's approach should discourage parental puritanism and encourage a broader and more intelligent attitude toward the sex instruction of children. There is a preface by Reverend Francis J. Connell, dean of Catholic University's school of sacred theology, and an index.

*John J. Kane, Ph.D.*  
*Assistant Professor of Sociology*  
*University of Notre Dame*

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